

Fill in this information to identify the case:

Debtor 1	Chrislin Lehua Miley	RECEIVED AND FILED LLH
	First Name Middle Name Last Name	AUG - 7 2023
Debtor 2		U.S. BANKRUPTCY COURT MARY A. SCHOTT, CLERK
(Spouse, if filing)	First Name Middle Name Last Name	
United States Bankruptcy Court for the: District of Nevada		
1120570		
Case number:		

Form NVB 1340 (12/19)**APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS****1. Claim Information**

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	\$6390.49
Claimant's Name:	Chrislin Lehua Miley
Claimant's Current Mailing Address, Telephone Number, and Email Address:	6501 W Charleston Blvd Apt 237 Las Vegas NV 89146 (702) 323-6643 chrislinmiley@gmail.com

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- Applicant is a representative of the deceased Claimant's estate.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

3. Supporting Documentation

Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation as a supplement to this application. If applicant is filing electronically, supporting documents must be filed using the correct docket event.

4. Notice to United States Attorney

Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney District
of Nevada
501 Las Vegas Boulevard South, Suite 1100
Las Vegas, Nevada 89101

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: JULY 17TH 2023

Signature of Applicant


Chrislin Lehua Miley

Printed Name of Applicant

Address: 6501 W Charleston Blvd
Apt 237
Las Vegas NV 89146

Telephone: (702) 323-6643

Email: chrislinmiley@gmail.com

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: _____

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: _____

Telephone: _____

Email: _____

6. Notarization

STATE OF NEVADA

COUNTY OF Clark

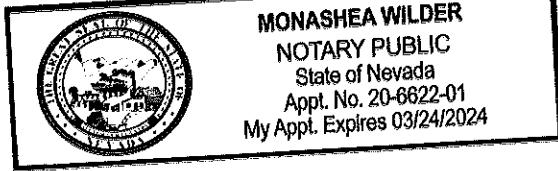
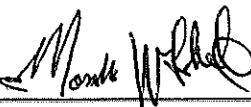
This Application for Unclaimed Funds, dated JULY 17, 2023 was subscribed and sworn before me this 17 day of JULY, 20²³ by

Chrislin Lehua Miley

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public



Please attach notarization as a separate document if needed.

6. Notarization

STATE OF _____

COUNTY OF _____

This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20____ by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public _____

My commission expires:

My commission expires:

Please attach notarization as a separate document if needed.